V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18699

FILED JUN 8 1943

Registration District No. 275 | Primary Registration District No. 3053 | Registrar's No. 45

1. PLACE OF DEATH:

(a) County: Phelps Co
(b) City or town: Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McFarland Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ten days (Specify whether years, months or days)
In this community: ten days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dent
(c) City or town: Watkins typ
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Rana Eaves
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: female
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: John A Eaves
6. (c) Age of husband or wife if alive: X years
7. Birth date of deceased: Oct (Month) 4 (Day) 1853 (Year)
8. AGE: Years 89 | Months 7 | Days 19 | If less than one day: hr. min.
9. Birthplace: Farmington (City, town, or county) Mo (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
MOTHER FATHER
12. Name: John Langford Taylor
13. Birthplace: North Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Martha E MC Curry
15. Birthplace: North Carolina (City, town, or county) (State or foreign country)
16. (a) Informant: W L Eaves
(b) Address: Salem Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Cedar Grove Cem
18. (a) Signature of funeral director: [signature]
(b) Address: Salem Mo
19. (a) 5/27/1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1943 hour 11 minute 10 P.M.
21. I hereby certify that I attended the deceased from May 5, 1943, to May 23, 1943
that I last saw her alive on May 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Regurgitation	
Due to Ravages of old age.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92 F

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [signature] (M. D. or other)
Address: McFarland Hospital Mo. Date signed: 5-25-43

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3760

P. O. Address Salem Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.